MAXIMUS Federal Services

Case Number:	CM15-0059130		
Date Assigned:	04/03/2015	Date of Injury:	03/30/2011
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who sustained an industrial injury on March 30, 2011. She has reported lower back pain and has been diagnosed with lumbar myoligamentous injury with left lower extremity radicular symptoms, lumbar facet syndrome, and migraine headaches. Treatment has included injection, medication, and surgery. Current examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. The treatment request included Soma.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-23, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol -Soma Page(s): 29.

Decision rationale: The patient presents with low back pain. The patient is status post lumbar fusion from 12/11/2014. The physician is requesting SOMA 350 MG THREE TIMES A DAY QUANTITY 90. The RFA dated 02/12/2015 shows a request for Soma 350 mg PO TID quantity 90. The patient's date of injury is from 03/30/2011 and she is currently temporarily totally disabled. The MTUS Guidelines page 29 on Carisoprodol -Soma- states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate -a schedule IV controlled substance. The records show that the patient was prescribed Soma on 09/09/2014. In this case, the long-term use of Soma is not supported by the guidelines. The request IS NOT medically necessary.

Topamax 100mg three times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-23, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs AEDsTopamaxMedications for chronic pain Page(s): 16-17, 21, 60.

Decision rationale: The patient presents with low back pain. The patient is status post lumbar fusion from 12/11/2014. The physician is requesting TOPAMAX 100 MG THREE TIMES A DAY QUANTITY 90. The RFA from 02/12/2015 shows a request for Topamax 100 mg PO TID quantity 90. The patient's date of injury is from 03/30/2011 and she is currently temporarily totally disabled. The MTUS Guidelines page 21 on Topamax states that it is recommended for neuropathic pain when other anticonvulsants have failed. Furthermore, MTUS page 16 and 17 on anti-epilepsy drugs AEDs states that it is recommended for neuropathic pain, but there is a lack of consensus on treatment. Most trials have been directed at post-herpetic neuralgia and painful polyneuropathy. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Topamax on 09/09/2014. In this same report, the patient states that Topamax does help with her radicular symptoms in her lower extremities. In this case, the physician has noted medication efficacy and the continued use of Topamax IS medically necessary.